

FORM **MEPS-12(S)**  
(6-16-98)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
ACTING AS COLLECTING AGENT FOR  
U.S. DEPARTMENT OF  
HEALTH AND HUMAN SERVICES

Medical Expenditure Panel Survey

**HEALTH INSURANCE COST STUDY**  
**Supplemental Form**  
**Union Questionnaire**

**INSTRUCTIONS**

**This Supplemental Form is a reprint of the questions in Section B of the Union Questionnaire (MEPS-12). You may use it to report additional health plan information. You may use photocopies of this Supplemental Form if sufficient copies were not included in your reporting package. Refer to the instructions on page one of the Union Questionnaire (MEPS-12) when completing this Supplemental Form.**

**Section B – PLAN INFORMATION**

**General plan information**

**FOR CENSUS USE ONLY**

Complete Section B for the plan with the next largest enrollment of members. If you have a plan name preprinted in the question 1a answer box on the right, answer for the plan specified.

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**1a. For 1997, what was the name of the health insurance plan with the largest enrollment of union members?**

Examples: • Blue Cross Blue Shield, High Option  
• Option A  
• Aetna HMO

Name of plan

012

**b. What was the name of the insurance company or carrier providing this plan?**

Examples: • Blue Cross Blue Shield  
• Alliance  
• Charter Health

Name of insurance carrier

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**2. Which type of health care provider was available through this plan?**

**Exclusive providers** – Enrollees must go to providers associated with the plan except in an emergency. There is typically no cost or a small fixed cost for each physician visit.

**Any providers** – Enrollees may go to physicians of their choice on a fee-for-service basis. The plan does not have any associated providers.

**Mixture of preferred and any providers** – Enrollees may go to a set of "preferred" providers associated with the plan or providers of their choice. If they go to a non-preferred provider, they face higher costs.

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- 1  Exclusive providers  
(Examples: Most HMO, IPA, and EPO-type plans)
- 2  Any providers  
(Examples: Most conventional or indemnity plans)
- 3  Mixture of preferred and any providers  
(Examples: Most PPO and POS-type plans)

**3. Did this plan REQUIRE that the enrollee see a primary-care physician in order to be referred to a specialist?**

For plans with multiple options, answer for the "in-network" option.

104

- 1  Yes
- 2  No

**4. Was this plan purchased from an insurance underwriter or was it self-insured?**

**Purchased from an insurance underwriter** – Coverage is purchased from an insurance company or other underwriter who assumes the risk for enrollees' medical expenses.

**Self-insured** – Your organization assumes the risk for the enrollees' medical expenses and may charge a premium to members. This plan may be administered by a third party and may employ supplemental stop-loss insurance to limit unanticipated losses.

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- 1  Purchased – SKIP to Page 2, Question 6a
- 2  Self-insured – Continue with Page 2, Section B, Question 5a







## Section B – PLAN INFORMATION – Continued

### Copayments – Continued

**14a. What was the maximum amount this plan would have paid for an enrollee over his/her lifetime?**

159

**OR**

158  No lifetime maximum

**b. What was the maximum amount this plan would have paid for an enrollee in one year?**

160

**OR**

221  No annual maximum

**15a. What was the maximum annual out-of-pocket expense for an individual?**

**Out-of-pocket expense** – Those costs paid directly by the enrollee.

Include all copayments and deductibles.

This is often referred to as a catastrophic limit.

161

**OR**

163  No individual maximum

**b. What was the maximum annual out-of-pocket expense for a typical family of four?**

162

**OR**

222  No family maximum

### Plan characteristics

**16a. Could this plan have refused to cover persons with certain pre-existing medical or health conditions?**

183 1  Yes – *Continue with Question 16b*  
2  No – *SKIP to Question 17*

**b. Did this happen in 1997?**

184 1  Yes  
2  No

**17. Did this plan have a policy requiring a waiting period before covering pre-existing conditions?**

185 1  Yes  
2  No

**18. In what month did the plan year begin?**

*Enter a two-digit numeric response.*

*Example: January = 01; May = 05*

123   Month

## Section B – PLAN INFORMATION – Continued

### Plan characteristics – Continued

**19. Which of the services listed were covered by this plan?**

Mark (X) all that apply.

- 164  Routine mammograms
- 165  Adult routine physical exams
- 166  Routine pap smears
- 167  Office visits for prenatal care
- 168  Adult immunizations
- 169  Child immunizations
- 170  Well-baby care, under 1 year
- 171  Well-child care, 1–4 years
- 173  Chiropractic care
- 174  Other non-physician providers (such as physical therapists, podiatrists, and midwives)
- 175  Outpatient prescriptions
- 176  Routine dental care
- 177  Orthodontic care
- 178  Skilled nursing facility (convalescent care)
- 179  Home health care
- 180  Inpatient mental illness
- 181  Outpatient mental illness
- 182  Alcohol/substance abuse treatment

### Current plan information

Question 20 refers to the **1998** plan year.

**20a. Is this plan also being offered in the 1998 plan year?**

- 186 1  Yes – *SKIP to Question 20c*
- 2  No – *Continue with Question 20b*

**b. If this plan is no longer offered, was it replaced with a similar plan, replaced by a substantially different plan or dropped without replacement?**

- 187 1  Replaced with similar plan
  - 2  Replaced by a substantially different plan
  - 3  Dropped without offering replacement – **END THIS FORM**
- } *Continue with Question 20c*

*Please answer for this plan or the one which replaced it.*

**c. For 1998, how many members are enrolled in single coverage during a typical month?**

188  Members enrolled in single coverage

**d. For 1998, how many members are enrolled in family coverage during a typical month?**

189  Members enrolled in family coverage

**e. For 1998, what is the total annual premium for ONE TYPICAL enrollee with SINGLE coverage?**

190 \$     ,     .  0  0 Single coverage premium

**f. For 1998, what is the total annual premium for ONE TYPICAL enrollee with FAMILY coverage?**

191 \$     ,     .  0  0 Family coverage premium